



CONTRACTORS STATE LICENSE BOARD

STATE OF CALIFORNIA

Northern California:
Sacramento Intake & Mediation Center
P.O. Box 269116, Sacramento, California 95826-9116
1-800-321-CSLB (2752)

Southern California:
Norwalk Intake & Mediation Center
12501 East Imperial Highway, Suite 620, Norwalk, California 90650
1-800-321-CSLB (2752)

www.cslb.ca.gov

Complaint Form

NOTICE: INCOMPLETE AND UNSIGNED FORMS WILL BE RETURNED TO YOU.

DO NOT SEND ORIGINALS—DOCUMENTS RECEIVED WILL NOT BE COPIED AND/OR RETURNED.

Please attach COPIES of all pages of contracts (front and back), canceled checks (front and back), invoices, advertisements, business cards, receipts, correspondence, etc.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

1. YOUR NAME last first middle				2. CONTRACTOR NAME (as shown on contract/invoice)			
ADDRESS number street				LICENSE NO. USED, IF ANY			
city county state ZIP code				ADDRESS number street			
PHONE WHERE YOU CAN BE REACHED 8 am–5 pm ()				city state ZIP code			
HOME PHONE ()		EMAIL ADDRESS		PHONE ()		EMAIL ADDRESS	
1b. <input type="checkbox"/> I AUTHORIZE THE FOLLOWING PERSON TO HANDLE THE COMPLAINT ON MY BEHALF:				WHO PRESENTED THE CONTRACT?			
NAME last first middle				<input type="checkbox"/> SALESMAN			
				<input type="checkbox"/> CONTRACTOR			
PHONE 8 a.m.–5 p.m. ()		HOME PHONE ()		WHERE WAS THE CONTRACT NEGOTIATED? _____			

PROJECT INFORMATION

3. OWNER OF CONSTRUCTION SITE				4. CONSTRUCTION SITE ADDRESS number street			
number street city state ZIP				city state ZIP			
PHONE ()				PHONE ()			

5. DESCRIBE BRIEFLY THE SCOPE OF THE WORK FOR WHICH YOU CONTRACTED (I.E. PAINTING, PLUMBING, CONCRETE, PATIO COVER, ROOM ADDITION)

6. CONTRACT DATE	7. AMOUNT OF CONTRACT	8. AMOUNT PAID ON CONTRACT	9. DATE WORK STARTED	10. DATE WORK CEASED
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11. LIST YOUR ITEMS OF COMPLAINT (IF MORE ROOM IS NEEDED, PLEASE ATTACH A SHEET OF PAPER)

12. REMEDY SOUGHT:

FOR OFFICE USE ONLY

COMPLAINT NUMBER		TYPE CNST	I N V	O R G	PRTY	DATE RECEIVED MO DA YR			SPECIAL PROJECT	DT STAT EXP MO DA YR			CSR INIT	ASSIGNED TO CSR MO DA YR			ER INIT	ASSIGNED TO ER MO DA YR		
	FY																			
LICENSE NUMBER						CLOSURE LETTER		DISPOSITION		DATE CLOSED MO DA YR			STATUS CHANGE						STP	
SECTIONS VIOLATED						C		C		DATE			DATE			DATE		DATE		

13. Have you filed in court to recover damages on this complaint? ☐ Yes (If so, provide documentation with this form.) ☐ No
14. Is this project a: ☐ Residence ☐ Commercial Building ☐ Other
15. Is this project a: ☐ Remodel ☐ Repair/Replace ☐ New Home
16. Was this contract: ☐ Written ☐ Oral ☐ New Home Purchase Agreement
17. Were there any change orders? ☐ Yes ☐ No If yes, were they: ☐ Written ☐ Oral ☐ Both
18. Is your complaint: ☐ Abandonment ☐ Workmanship ☐ Other
19. Building permit obtained by: ☐ Contractor ☐ You ☐ Do not know
(Provide a copy if available.) Name of building department: _____
21. Did the contractor have employees? ☐ Yes If so, how many? _____ ☐ No ☐ Do not know
Names of employees, if known: _____
22. Were employees, subcontractors, or material companies paid? ☐ Yes ☐ No ☐ Do not know
23. Were any mechanics' liens filed on this job? ☐ Yes (Provide a copy if available.) ☐ No
If yes, by whom? _____ How much? \$ _____
24. What attempts have you made to contact the contractor? ☐ Unable to locate ☐ Personal contact ☐ Telephone ☐ Letter (Provide copies.)
25. Have you notified your contractor in writing of the issue in dispute? ☐ Yes (Provide copies.) ☐ No
26. Have you obtained an estimate from another contractor to correct and/or complete the project? ☐ Yes ☐ No
(If yes, provide copies.) Amount \$ _____
27. Have you had the job corrected or completed? ☐ Yes ☐ No
(If yes, provide copies of the contract and proof of payment.) Amount \$ _____

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information. The Department of Consumer Affairs and the Contractors State License Board (CSLB) collects the information requested on this form to follow up on your complaint.

Providing Personal Information Is Voluntary. You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

☐ I would like to keep my information confidential.

Access to Your Information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. In order to follow up

on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, or email privacy@dca.ca.gov.

I declare under penalty of perjury that the information contained on this Complaint Form is true and correct to the best of my knowledge, and that this declaration was signed at (city) _____, (state) _____ on (date) _____.

I will assist in the investigation or in the prosecution of the contractor or other parties, and will, if necessary, attend hearings and testify to facts.

28. SIGN HERE _____ DATE _____